

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	16	11/10/99
O.I.P.E. CLASSIFIER			11.19.99
FORMALITY REVIEW	AF	70556	11-3-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	11/10/99
2	✓	✓	11/10/99
3	✓	✓	11/10/99
4	✓	✓	11/10/99
5	✓	✓	11/10/99
6	✓	✓	11/10/99
7	✓	✓	11/10/99
8	✓	✓	11/10/99
9	✓	✓	11/10/99
10	✓	✓	11/10/99
11	✓	✓	11/10/99
12	✓	✓	11/10/99
13	✓	✓	11/10/99
14	✓	✓	11/10/99
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32	✓	✓	11/10/99
33	✓	✓	11/10/99
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38	✓	✓	11/10/99
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42	✓	✓	11/10/99
43	✓	✓	11/10/99
44	✓	✓	11/10/99
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46	✓	✓	11/10/99
47	✓	✓	11/10/99
48	✓	✓	11/10/99
49	✓	✓	11/10/99
50	✓	✓	11/10/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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